#937 P. 002/005

2010 OC: 15 AH 10: 39

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

****UNPAID BILLS** (From Schedule D - Attach Schedule D).........

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)....

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

railes must be med electronic	Reset	Form		
COMMITTEE NAME (Must be same as on Statement of Org	nanization)			
Friends of Extension			DR-2	DIAM ACTIO
MPORTANT: Indicate by # type of committee you are reporting for: 1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Candidate (6)City Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	(2)State PAC (3)State Party didate (7)School Board or Other Pol	itical PAC (Rev. 12/2009) or Office Use On	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable	e) s	ogged in canned omputer	
Office Sought	District (if Senate or Hous	e). A	udited	
ate reports are subject to possible civil and criminal penalties. Prandidate's committee, and the chairperson, for any other type of	ursuant to lowa Code sections 68B committee, is the individual responsible of the committee of the individual responsible of the committee of the individual responsible of the committee of the	Sible for fliing i	iniety and accord	ale reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
☐ CHECK IF AMENDMENT TO REPORT DATED ☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	11/02/20 County & which Ele		s, enter County in
	ND.			
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	Total of all funds held by the	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			•	
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below		3,675.00	
Schedule F: Loans Received total (Attach Schedu	ule F)		0.00	
Schedule H: Total Sales of Campaign Property (A	Attach Schedule H)		0.00	
(Schedule H applies to Candidates' Co	mmittees Only) SUB-TOTA	L	3,675.00	
SUBTRACT TOTAL MONEY SPENT THIS PERK	OD			
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)			2,153.60	
Schedule F: Loan Repayments total (Attach Sche	edule F)	,,	0.00	
CASH ON HAND at the end of this reporting period (if final			1,521.40	
STUMPAID BILLS /From Schoolide D. Attach Schoolide D)				

0.00

0.00

0.00

_√_NO

YES

For Instructions, See Back of Form CONTRIBUTIONS MONEY TAKEN IN	Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY. RECEIPTS
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization)			CK THIS BOX IF
Friends of Extension	·		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBU	JTOR RELATIONSHIP TO CANDIDATE (if applicable)		√ IF FOR FUND- RAISER INCOME
07/23/10	ID# CK#	Pottawattamie County Cattlemen's Associated L-34 Underwood, IA 51576	ciation	\$2500.00	
08/30/10	ID# CK#	Diana Benzing Box 364 Neola, IA 51559		\$25.00	
08/30/10	ID# CK#	Rachel Summy 15273 Missouri Ave. Crescent, IA 51526		\$25.00	
08/30/10	ID# CK#	Gerald Miller 2009 Mc Carthy Rd: Ames. JA 50014		\$25.00	
09/21/10	ID# CK#	Katherine Grote 205 Ridge Rd. Council Bluffs, IA 51503		\$150.00	
09/21/10	ID#	Rick Killion 17635 Lochland Ridge Council Bluffs, IA 51503		\$100.00	
09/30/10	ID# CK#	Sherry Glen 2659 82nd St. Urbandale, IA 50322		\$25.00	
09/30/10	ID# CK#	Mary Holz-Clause 612 South Vine St. Jefferson, IA 50129		\$15.00	
09/30/10	ID# CK#	Alan Ladd Atlantic, IA		\$25.00	
10/06/10	ID# CK#	Thomas Whitson 27597 Hwy 6 Mc Clelland, IA 51548		\$100.00	
		,	SUB-TOTAL	\$ \$2,990.00	
		TOTAL	L (If last page of this schedu	ile) S	1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

Reset Form

For Inst	ructions.	See	Back	of F	orm
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same	e as on Statement of Organization)
Friends of Extension	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/06/10	ID# CK#	Donnie Broshar 105 10th Ave Slater, IA 50244		\$10.00	
10/12/10	ID# CK#	Douglas Goodman 17341 Turnberry Ridge Council Bluffs, IA 51503		\$100.00	
10/12/10	ID# CK#	Farmers & Merchants State Bank 300 Front St. Neola, IA 51559		\$500.00	
10/14/10	ID# CK#	Rod Ferry 525 Golden Oaks Drive Council Bluffs, IA 51503		\$25.00	
10/14/10	ID# CK#	Nancy Schulze 12800 240th St. Council Bluffs, IA 51503		\$50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
***************************************	ID# CK#				
	ID# CK#				
		TOTAL MILES	SUB-TOTAL ge of this schedule)	\$ 685.00	
		IOIAL (II last pa	ye on una schedule)	s 3.675.00	1

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

\$ 3,675.00

10/15/2010 08:15

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FOR	INSTRI	ICTIONS	SEE BACK	OF FORM

Reset Form	1
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Extension

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK	(Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	NUMBER			
	ID#	United States Postal Service	Postage	
09/14/10	CK#0001	Council Bluffs, IA 51503		\$ 500.00
	ID#	United States Postal Service	Postage & Post Cards	<u> </u>
9/21/10	CK# 0002	Council Bluffs, IA 51503	1 ostago de 1 ost Cards	\$1,117.00
-	ID#	Walker Printing	Signs	
09/27/10	CK# 0003	1824 2nd Ave Council Bluffs, IA 51501		\$406.60
	ID#	United States Postal Service	Postage	
0/12/10	CK# ₀₀₀₄	Council Bluffs, IA 51503	Tostage	\$130.00
	ID#			
	CK#			
	ID#			,
	CK#		•	
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 2,153.60

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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